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tel: (949) 282-1000  
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**FACSIMILE TRANSMISSION COVER SHEET****Date:** September 21, 2004**To:** United States Patent and Trademark Office  
Examiner: Julio J. Maldonado; Art Unit: 2823**Fax:** (703) 872-9306**Re:** **Application Serial No.: 09/833,953**  
Filing Date: 4/11/2001; First Named Inventor: Marco Racanelli  
Attorney Docket No.: 00CON161P**From:** Farjami & Farjami LLP**Number of pages including the cover sheet:** 21**Message:**

Enclosed please find the Amendment and Response to the Office Action dated June 15, 2004. Payment for the First Month Extension Fee in the amount of \$110.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 00CON161P

**AMENDMENT COVER SHEET**IN RE APPLICATION OF: Racanelli, et al.SERIAL NO.: 09/833,953 FILED: April 11, 2001FOR: Low Cost Fabrication of High Resistivity ResistorsHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

	RATE Non-Small Entity	RATE Small-Entity	FEE
<input checked="" type="checkbox"/> EXTENSION FEE			
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$110.00
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

- ☒ TOTAL EXTENSION FEE \$ 110.00
- ☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	22	MINUS **25	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

09/22/2004 NROCHA1 00000036 09833953

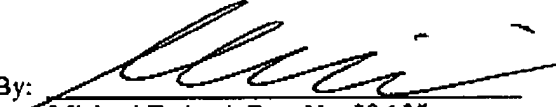
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Attorney Docket No.: 00CON161P

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

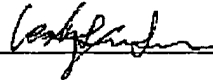
Date: 9/21/04By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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LESLIE L. LAM

Michael Farjami  
Farjami & Farjami LLP  
26522 La Alameda Ave., Suite 360  
Mission Viejo, CA 92691  
(949) 282-1000 (Tel)  
(949) 282-1002 (Fax)

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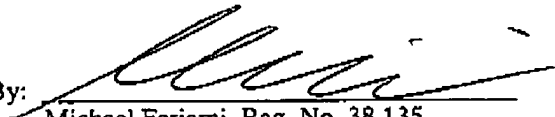
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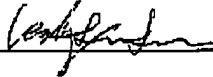
  
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Attorney Docket No.: 00CON161P

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: **Marco Racanelli**

Serial No.: 09/833,953

Filed: April 11, 2001

For: **Low Cost Fabrication of High  
Resistivity Resistors**

Art Unit: 2823

Examiner: Maldonado, Julio J.

**AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION**

Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated June 15, 2004 in the  
above-referenced patent application. Please enter and consider the following  
amendments and remarks.